

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		09-19-01
O.I.P.E. CLASSIFIER	MW	60	09-26-01
FORMALITY REVIEW	W	705	10/15/01
RESPONSE FORMALITY REVIEW	W	1091	01/17/02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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7409  
 10/16/01  
 1-10-02  
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